

PUC accepted on 1/14/09  
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PRINTED: 12/10/2008  
FORM APPROVED

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3742AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/09/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HORIZON HILLS RES GRP CARE III</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8055 MOHAWK LANE RENO, NV 89506</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/9/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000		
Y 070 SS=A	449.196(1)(f) Qualifications of Caregiver-8 hours training  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facility did not ensure 1 of 4 caregivers received eight hours of annual training (Employee #1).  Severity: 1 Scope: 1	Y 070	Y070 The Administrator must see to it that the qualification of a caregiver must received an 8 hours training annually based on NAC 449-196(1)(f).  This 8 hours training was already meet by caregiver #1 however the copy was not included in the personnel file.  05/02/2008 12/10/2008  Attachment # 1, Tag Y070 Alzheimer's Disease 6 hours May 2, 2008 Attachment # 2, Tag Y070 RC/AL Administrators Trng 3 hrs Dec. 10, 2008	
Y 088 SS=C	4493199(4) Staffing Schedule	Y 088		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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TO6111

TITLE

ADMINISTRATOR 12/26

(X6) DATE

If continuation sheet 1 of 4

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Y 088	Continued From page 1  NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.  This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the administrator failed to provide a monthly staffing schedule that needs to be retained for at least six months.  Severity: 1 Scope: 3		Y 088	Y088 That the Administrator must maintain written schedule of staff and be retained for at least 6 months after the schedule expires. This is based on the NAC 449-199  The Administrator made a wrong assumption of not maintaining a written staffing schedule since he is just relying with the help of the family and a caregiver.  However, from now on the Administrator will see to it that written schedule must be accomplished, maintained and retained up to 6 months or even more when this record expires.  Attachment #4, Tag Y088 Written schedule of staff for the facility. 12/10/2008  Written Staff Schedules for Caregivers #3 is now at Horizon Hills Residential Group Care II located at 8085 Mohawk Lane, Reno, NV 89506 and Caregiver #4 is also at Horizon Hills Residential Group Care I located at 8115 Mohawk Lane, Reno NV 89506.  Attachment #1 # 2 Tag Y088 Written Schedules of Staff for Caregivers #3 & 4. 01/13/2009	01/14/09 GW 1/14/09
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections  NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC.  This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facility failed to have its automatic sprinkler system annually inspected.  Severity: 1 Scope: 3		Y 207		

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CARSON CITY, NEVADA

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If continuation sheet 2 of 4

*[Signature]*

ADMINISTRATOR 1/14/09

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Y 272	Continued From page 2	Y 272	Y272 The Administrator must maintain a daily, weekly and monthly scheduled MENUS to be dated, posted and kept on file for 90 days based Service on Food-Menus. NAC 449-2175(3).	OK ✓ BW 11/5/09
Y 272 SS=C	449.2175(3) Service of Food - Menus  NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, menus had not been kept on file for 90 days and substitutions were not noted on written menus.  Severity: 1 Scope: 3	Y 272	The Administrator will now do the best to maintain a weekly written menus that will be dated posted and will include changes that will kept on file for 90 days. 12/10/2008	
Y 645 SS=A	449.2704(1) Rate Agreement  NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility.  This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the facility failed to update a rate agreement for 1 of 5 residents (Resident #2).  Severity: 1 Scope: 1	Y 645	Attachment <del>#4</del> Tag Y272 A written new weekly MENUS with changes and started last - 12/10/08.  Y645 The Administrator must see to it that the updated and written information on the rate agreement be available at anytime. Based on NAC 449.2704(1).  The Administrator have requested the guardian of Resident #2 to update the his Rate Agreement - 12/24/2008	OK ✓ BW 11/5/09
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order	Y 878	Attachment #5, Tag Y645 Copy of the updated Rate Agreement by his Guardian. 12/24/2008	

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Y 878	<p>Continued From page 3</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the facility failed to ensure that 1 of 5 residents received medications as prescribed (Resident #1).</p> <p>Severity: 2 Scope: 1</p>	Y 878	<p><b>Y878 The Administrator must see to it that the changes on the medication review as prescribed and ordered by the physician must be followed and or complied.</b> Based on NAC 449-2742 (6)(a)(1)</p> <p>The Administrator must be aware of all changes of medication orders by the Residents physicians and must be followed strictly. Last December 17, 2008 the physician of Resident #1 came as her regular visit and I requested her to check on the previous medication review that she signed. She said that yes I will follow the previous doctor and she made on the spot changes following the order of Dr. Phillips dated 4/01/2008. She did changed medication order dated 10/09/2008 on that particular medication (Loperamide 2 mg 1 cap a day instead of as needed. 12/17/2008</p> <p>Attachment #6 Tag Y878 Copies of the changes made by Dr. Silvia Arizaga as of 12/17/2008</p>	<p>ok ✓ bw 1/5/09</p>

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